

Pamwe

Together: A Public Health Magazine Published by CDC-Namibia



HIV Prevention Efforts Are Bearing Fruit

INSIDE

Ensuring Quality Laboratory Services	4
Improving Health Outcomes through the Use of ICT	5
Field Epidemiology & Laboratory Training Program Launched	6
Zero Tolerance Towards Gender Based Violence	7
Strategies for Sustaining Namibia's HIV/AIDS Response	8
Managing the Electronic ART Dispensing Tool	9
HIV Prevention Efforts are Bearing Fruit	10
Who is Who at CDC-Namibia?	20



CDC Namibia Celebrates 10 Successful Years of Existence in Namibia 2002 - 2012

Message from the Director

CDC first opened its offices in Namibia in 2002 to work in partnership with the Ministry of Health and Social Services (MOHSS) to implement a comprehensive HIV/AIDS prevention, care and treatment program, by strengthening health systems and building sustainable HIV/AIDS programs, in the Republic of Namibia.

Since its inception, our programs have grown successfully from an initial focus on direct service delivery towards great emphasis on technical assistance in supporting, amongst other program areas, the scale-up of antiretroviral therapy (ART), prevention of sexual and biomedical transmission of HIV, Early Infant Diagnosis (EID), HIV testing and counseling, laboratory, strategic information, prevention of mother-to-child transmission (PMTCT), operational research, and workforce development.

Reflecting on our last 10 years of existence in Namibia, from the arrival of Dr. Tom Kenyon to the relatively recent departure of Dr. Jeff Hanson, and through my first 18 months in this office, these have been challenging and intense years - they were in every former PEPFAR focus country - yet extremely rewarding years. Enabled by a strong and dynamic team with broad expertise in an array of public health, medical, administrative and policy areas, I am proud to say that our support to the MOHSS and other local partners, has contributed in important ways to national efforts to reduce new HIV infections in Namibia. Amongst our common achievements is the progress made towards implementing the national plan to eliminate maternal to child transmission of HIV; the scale-up of collaborative TB/HIV activities; and the continued expansion and quality improvement of HIV care and treatment services, all of which have achieved among the highest coverage levels in Sub-Saharan Africa. We have also contributed to the scale-up of comprehensive, evidence-based prevention programs starting with HIV testing and counseling services and voluntary medical male circumcision, and including seminal epidemiologic research on HIV risk among female sex workers and men who have sex with men, and operational research to better understand and address the role of alcohol in HIV transmission. The impact of these efforts is seen most visibly in the fact that UNAIDS models indicate that Namibia has effectively reduced HIV incidence to a greater extent than any other country in sub-Saharan Africa. Other catalytic investments have focused on integration of HIV/AIDS clinical services within other health service platforms.

We are particularly excited about the decisions by MOHSS to support establishment of a National Public Health Laboratory and a new Directorate for Health Information and Research!

However, despite these successes, much work remains to be done – as an upper middle in-come country, Namibia is faced with reduced donor funding for HIV and other disease control programs, which requires the Government to increase its national resources to ensure sustainability of these programs. As we transition from providing direct service delivery towards a technical assistance program, we will not deviate from our support to the highest impact, most evidence-based interventions available – but we must provide that support in new ways. We are working closely with the MOHSS and its partners to increase government and non-governmental organization “know-how” to improve domestic health financing, rigorously evaluate programs, and to invest more resources in surveillance, health systems, research and in new technologies in order to provide effective, efficient and sustainable quality health services and thus improve the quality of life of all Namibians.

In this issue we have highlighted some of our joint accomplishments as we continue to work hand in hand with the Ministry of Health and other partners to realize the national vision for a healthier Namibia. The next issue of Pamwe will focus in greater detail on what has happened in these first 10 years, and where we may be going in the next 10 years as we continue to promote CDC's Global Vision of a world where people live healthier, safer and longer lives. Together we can achieve the PEPFAR Namibia Mission to position Namibia to assume full responsibility for the management of its HIV program, ensuring that Namibia will have the body of country specific data, technical capacity, human resources and coordinating mechanisms required to direct and execute an HIV program that reflects the nation's priorities, consistent with donor funding. All our efforts are geared towards helping create an AIDS-free generation.

We encourage you to circulate the Newsletter amongst your colleagues and friends, and your comments are always welcomed.

Dr. David Lowrance



**Pamwe is published by CDC-Namibia
A PEPFAR Implementing Agency**

David Lowrance, CDC-Namibia Director
Ginny Baresch, CDC-Namibia Deputy Director
Aune Victor, PAMWE Editor
Zara Ahmed, PAMWE Co-Editor

CDC-Namibia Contributors

Andrew Agabu, Simon Antara, Anita Beukes, Edington Dzinotiyewi, Andrew Maher, Roopal Patel, Sadhna Patel, Souleymane Sawadogo
Special thanks to Emma Mbekele at USAID for assistance with design and layout

Twitter: @CDCNamibia
Email: cdcnamibia@na.cdc.gov
Website: <http://www.cdc.gov/globalhealth/countries/namibia/>

Welcome to CDC-Namibia

Ms. Virginia (Ginny) Baresch, RN, MPH, joined CDC-Namibia in October 2012 as our new Deputy Country Director for Management & Operations. She replaces Ms. Sue Gerber who left CDC in February 2012 to join the Bill and Melinda Gates Foundation's Immunization Program in Seattle, Washington State.

Ms. Baresch comes to CDC-Namibia with over 30 years of experience in public health management and clinical services, both in the United States of America and abroad. Prior to joining CDC-Namibia, she was the CDC Deputy Director for Management and Operations between 2010 and 2012 in Kigali, Rwanda. Previously she worked as a Public Health Advisor with CDC for four years in Atlanta, U.S.A, and provided state and local officials and emergency management agencies with expert technical assistance, advice, education and training to help facilitate the planning needed to manage the receipt of Strategic National Stockpile (SNS) assets during a public health emergency.

From 1994 to August 2006, she worked in the metropolitan Twin Cities and State public health systems and helped develop emergency response plans for the state of Minnesota. One of her primary agendas was to lead the preparedness efforts for the receipt, management and distribution of federal SNS assets. She spent eight years in Hawaii working in the public health sector, where she progressed to the position of Executive Director for the Hawaii State Primary Care Association which was the first Hawaiian institution representing federally

qualified health centers and non profit primary health care organizations with expertise in planning efforts related to bioterrorism and emergency response.

From 1979 to 1984, she worked as a Relief Health Worker, Medical Coordinator, and Public Health Administrator providing technical assistance in the form of public health education, training and the development of communicable disease surveillance systems to refugee camps in Thailand.

Ms. Baresch earned her Master's in Public Health degree from the University of Hawaii and a Bachelor of Science degree in nursing in 1975 from Mount St. Mary's College, Newburg, New York. With her broad experience in management and operations Ginny looks forward to contributing to efficiently and effectively managing all our CDC-Namibia operations in order to provide the necessary support to our staff and partners.

She is a family oriented person who loves spending quality time with her family, traveling with her family and visiting friends from all over the world. Outside of work in Namibia, she enjoys photography, gardening, the outdoors, exploring and entertaining.

Welcome Ginny!



FAMILY HEALTH TIPS

Handwashing: Clean Hands Save Lives

Keeping hands clean through improved hand hygiene is one of the most important steps we can take to avoid getting sick and spreading germs to others. Many diseases and conditions are spread by not washing hands with soap and clean, running water. If clean, running water is not accessible, as is common in many parts of the world, use soap and available water. If soap and water are unavailable, use an alcohol-based hand sanitizer that contains at least 60% alcohol to clean hands.



When should you wash your hands?

- ◆ Before, during, and after preparing food
- ◆ Before eating food
- ◆ Before and after caring for someone who is sick
- ◆ Before and after treating a cut or wound
- ◆ After using the toilet
- ◆ After changing diapers or cleaning up a child who has used the toilet
- ◆ After blowing your nose, coughing, or sneezing
- ◆ After touching an animal or animal waste
- ◆ After handling pet food or pet treats
- ◆ After touching garbage

<http://www.cdc.gov/handwashing/>

Ensuring Quality of Laboratory Services— Moving Towards Accreditation

Heja Lodge, Windhoek: The Clinical Laboratory Standard Institute (CLSI), a laboratory consortium partner of the Centers for Disease Control and Prevention (CDC) in collaboration with the Southern African Development Community Accreditation Service (SADCAS) conducted an ISO17025 systems and internal auditing training in October 2012.

The training was attended by 23 participants from several public health and private medical laboratories and two participants from the City of Windhoek Occupational Health and Safety Department, and a professor from the Department of Biology and Biochemistry of the University of Namibia.

CLSI has been working in Namibia since 2008, and provides technical assistance through training and other means on implementing and strengthening quality systems in medical laboratories of the Namibia Institute of Pathology (NIP). The scope of the initiative was broadened to include other public and private laboratories within the Public Health Laboratory Network as part of a plan to prepare these facilities for the implementation of ISO/IEC 17025 standard in order to start preparations towards accreditation.

Recognizing the value of strong collaboration between institutions of high quality, CDC-Namibia Laboratory Technical Advisors promoted the idea of a partnership with a regional

“These professionals will continue to utilize their newly acquired skills for the betterment of quality laboratory services in Namibia.”

accreditation body, such as SADCAS, in order to familiarize the laboratories with accreditation service providers locally, and the requirements needed to be accredited through these bodies. This training is in line with CDC-Namibia’s vision to strengthen local capacity to manage quality, cost-effective, accessible and sustainable laboratory services, hence the CDC funding and technical assistance towards this initiative.

“The training was very successful,” says Anita



Top: Participants of the ISO/IEC 17025 system and internal auditing course. **Bottom:** Representatives of the organization who organize and facilitate the ISO/IEC 17025 system and internal auditing course (left to right: Mr. Otieno (MoHSS), Ms. Beukes (CDC-Namibia), Mr. Mateta (CLSI), Ms. Diriromwe (SADCAS) and Mr. Lafazia (CLSI).



Beukes, CDC-Namibia Laboratory Advisor. At the end of the course participants were assessed on theoretical knowledge and practical auditing skills acquired during the training. The vast majority of the trainees, 83%, met the initial requirements and are ready to start the practical attachment in order to be certified as competent internal auditors based on the ISO/IEC 17025 standard. “It is my hope that these professionals will continue to utilize their newly acquired skills for the betterment of quality laboratory services in Namibia,” concluded Ms. Beukes.

Reported by Anita Beukes

Information Communication Technologies are the Way to Improve Health Outcomes through Training

University of Washington/International Training and Education Center for Health and University of Namibia Faculty Collaborate Across Continents

Windhoek: *Despite the ten hour time difference between Seattle and Windhoek, Janet Lenart, Senior Lecturer, University of Washington (UW) School of Nursing, and Maggie Nghatanga, Director Primary Health Care Services for Namibia MOHSS and Lecturer, University of Namibia (UNAM) School of Nursing and Public Health, have successfully used the internet, Skype and Dropbox, as central components to strengthening the teaching and learning resources for their course in Primary Health Care offered to students enrolled in the Masters of Public Health program at UNAM.*

Janet and Maggie work as counterparts, as do eight other UW and UNAM faculty whose collaborative partnerships strengthen the UNAM Master of Public Health program funded through a CDC-Namibia Cooperative Agreement between UW/International Training and Education Center for Health (I-TECH) and UNAM. The UW-UNAM collaboration started in 2009 with the purpose to enhance collaboration and strengthen UNAM Public Health Program, in particular strategic information, nutrition, quality, program management and primary health care.

Through face-to-face meetings and continual online contact, Janet and Maggie have developed a close partnership that remains sustainable despite the over 9,000 kilometers between them. As Janet elaborates, "Technology has made our collaboration possible. Collaboration involves communication, curiosity about each other's views and caring. The process of seeing and conversing with each other is key to creating an engaged collaboration experience."

Through the use of Skype as an avenue of communication and Dropbox as a storage unit to share documents virtually, Janet has been able to provide technical assistance and expertise by assessing needs, building up curricula content, and implementing faculty development activities in order to strengthen teaching and learning resources for Primary Health Care in the MPH curriculum at UNAM.

Janet has used her expertise in distance learning technology methodology to strengthen course delivery to MPH students who live and work in locations far from

"Technology has made our collaboration possible. Collaboration involves communication, curiosity about each other's views and caring. The process of seeing and conversing with each other is key to creating an engaged collaboration experience."

UNAM campuses and has assisted Maggie in teaching students the skills necessary to navigate the internet world of learning.

Janet and Maggie's innovative approach to strengthening content delivery of the UNAM MPH program through internet technology opens doors to future possibilities, not only among faculty and students, also other sectors working collaboratively across distances with limited resources and minimal computer skills.

(Continued on page 14)



Top: Janet Lenart, Senior Lecturer, University of Washington School of Nursing, Maggie Nghatanga, Director Primary Health Care Services for Namibia MoHSS and Lecturer at University of Namibia School of Nursing and Public Health.

Bottom: University of Namibia





Photo by Michael Hamatwi

Health care professionals at the Field Epidemiology and Laboratory Training in Windhoek.

Namibia Field Epidemiology and Laboratory Training Program Launched

Building the Capacity of Namibians to Respond to and Manage Public Health Threats

Ondangwa & Windhoek: Partnerships between the Ministry of Health and Social Services (MoHSS) and the Centers for Disease Control and Prevention (CDC) continue to be strengthened in various health related matters. The MoHSS in collaboration with CDC recently launched the Namibia Field Epidemiology and Laboratory Training Program (NamFELTP).

NamFELTP is a competency based training designed to build capacity in surveillance, outbreak investigation and response and to train epidemiologists and public health laboratory practitioners to respond to various public health issues.

The training has two components: a three-week in-service training course in outbreak detection, investigation and response; and a long course post-graduate training in field epidemiology and public health laboratory management. Participants in the short course training are usually front-

line health workers involved in disease surveillance and outbreak response. Whereas in the long course, emphasis is placed on the acquisition of practical

"It is clear that we cannot continue to live in a healthy world without equipping ourselves to meet these challenges of our time. We cannot talk about the welfare and health of our population without developing the necessary human resource capacity to detect, investigate and control these health emergencies."

skills, the application of which provides solutions to critical public health problems.

Launching the program in Ondangwa in August 2012, in which 41 participants from the MoHSS and Veterinary Services were trained, Dr. Richard Kamwi, Minister of Health and Social Services expressed joy at the introduction of this training in Namibia. He noted that in the last ten years the world has been contending with new and re-emerging epidemics, such as H1N1, avian influenza, severe acute respiratory syndrome

(SARS), Rift Valley Fever, Ebola, Marburg, bioterrorism related outbreaks of inhalational anthrax, cholera, etc. Namibia is no exception, as it recently responded to various potential outbreaks such as anthrax, H1N1, cholera, measles and typhoid fever. "It is clear that we cannot continue to live in

a healthy world without equipping ourselves to meet these challenges of our time. We cannot talk about the welfare and health of our population without developing the necessary human resource capacity to detect, investigate and control these health emergencies," said Dr. Kamwi.

He further noted that, Namibia is a signatory to the WHO initiated International Health Regulations (IHR, 2005), an international public health law that seeks to prevent the spread of diseases and other public health events of international concern.

(Continued on page 13)

ZERO

Tolerance Towards Gender Based Violence in Namibia

Exploring the Linkages between Gender Inequality, GBV and HIV, and Promoting Effective Action

Windhoek: It has become a norm to read in the local media about a girl raped or a woman killed. In most cases, the perpetrators are known by the victim. The killing of women, committed by a partner is commonly referred to as "Passion Killing" in Namibia.

Many years after I was abused, people still come to me and say, "Are you still angry?" Those scars will never go away. I sometimes get angry when I think about it. But I have moved on. I have a new partner who loves me for whom I am and does not judge me.

These are the words of the articulate and talented Hem Matsi, Namibia's representative on the United Nations Women Creative Artist Advisory Council, in her passionate plea for an end towards gender-based violence in Namibia. She expressed concern that unreported cases of gender based violence contribute to an increase in such abuse at home and in the community and calls for victims of gender based violence to speak out and report their perpetrators. "Home is the place where one should feel safe. If women are abused by the people in whose presence they are supposed to feel protected and safe, where would they be safe?" she asked. Matsi expressed concern that media was a contributing factor in promoting gender-based violence through their reporting. She made this call at a forum jointly organized by PEPFAR-Namibia in partnership with UNAIDS, in commemorating the 16 Days of Activism Against Gender Based Violence, on the theme "Exploring the Linkages between Gender Inequality, GBV and HIV, and Promoting Effective Action."

The main objective of the forum, which brought together over 50 partners from the Namibian Gov-

ernment, civil society, UN organizations, private sector, development partners and gender activists, was to come up with recommendations to address challenges related to gender based violence.

The forum took an expansive approach to gender by including members of Namibia's lesbian, gay, bisexual and transgender (LGBT) community. Among the panelists was Linda Baumann, who directs Out-Right Namibia, a civil society organization that advocates for the rights of LGBT individuals.

Forum participants who identify as transgender discussed their heightened vulnerability to both violence and HIV/AIDS stemming from socially sanctioned prejudice and discrimination, and urged human rights organizations to incorporate LGBT issues into their agendas.

Ms. Linda Baumann highlighted the fact that Namibia has very progressive laws and policies that address the right of women and the protection of its citizens. However, she expressed concern over the weaknesses in law enforcement and policies that are not adequately implemented.

(Continued on page 18)



Photo Sarita Sehgal

Top: A gender activist making a point.

Bottom from Left: Johanna Likando, Charles Simakumba Linda Baumann.





Photo Sarita Sehgal

Strategies for Sustaining Namibia's HIV/AIDS Response

Windhoek: Some provocative ideas and stimulating dialogue from the XIX International AIDS Conference (IAC) held in Washington, D.C., in July 2012 were brought home to Namibia on December 7, 2012, when PEPFAR and UNAIDS hosted a forum to explore evidence-based strategies to boost the programmatic and financial sustainability of the country's national HIV/AIDS response.

"Enhancing the Sustainability of Namibia's Response to HIV/AIDS through Smart Investment," which took place at the American Cultural Centre Auditorium, provided a rare opportunity for a variety of stakeholders to reflect on these issues and make progress toward solutions. While acknowledging the central role of the Government of the Republic of Namibia (GRN), the forum emphasized the critical participation of civil society and the private sector – whose contributions to the national HIV/AIDS response have been substantial – in ensuring Namibia's ability to close the resource gap. Namibia is already shouldering approximately 60 percent of its HIV/AIDS financial response, and is working toward covering 70 percent of the cost by fiscal year 2015/2016.

The forum began with an introduction to "Shared Responsibility and Global Solidarity," a UNAIDS initiative on financing the response to HIV/AIDS in Africa, followed by the screening of recorded content from four IAC sessions. Next, three respondents from government and civil society discussed the relevance of the ideas presented for the Namibian context. A frank exchange with approximately 30 audience members representing government, civil society and development part-

ners then ensued, marked by astute observations and creative ideas for advancing the sustainability "agenda."

With an emphasis on solutions, the forum showcased innovative financing strategies, some of which are already underway. Among the ideas discussed were sustainable funding sources for civil society organizations (CSOs), and the enhanced engagement of the private sector in both preventing the spread of HIV/AIDS and treating and caring for those living with the disease. Ivin Lombardt, Chief Executive Officer of the NANGOF Trust Secretariat, described the new memorandum of understanding between NANGOF and the Namibian National Planning Commission, which will create a sustainable funding stream for the umbrella organization and enable it to become the platform for organizing civil society it is intended to be.

In an example of innovative private sector engagement, panelist Dineo Dawn Pereko, the Namibia Country Representative of the Strengthening Health Outcomes through the Private Sector (SHOPS) project, recommended the creation of incentives that would entice health care providers working in the private sector to contribute some of their skills and expertise to public facilities. A common refrain among panelists was a call for better coordination and cooperation between civil society, private sector and government stakeholders in order to eliminate duplication and improve efficiencies.

Looking to the future, Henk Van Renterghem,

(Continued on page 19)

Namibia Takes on Full Ownership of Managing and Financing the ART Electronic Dispensing Tool

Windhoek: An uninterrupted and reliable supply of essential medicines including anti-retroviral therapy (ART) remains crucial to the optimal management of HIV infection and other chronic diseases. Maintaining basic patient profile information, medicine history and other data, makes it easily accessible for health care workers to ensure that patients take their prescribed medicines correctly.

In 2003, with assistance from the United States Agency for International Development (USAID) through funding from the President's Emergency Plan for AIDS Relief (PEPFAR), Namibia's Ministry of Health and Social Services (MoHSS) conducted an assessment on the public sector's pharmaceutical supply system.

This assessment identified the lack of available data for ART quantification and monitoring, lack of uniformity in recording and reporting HIV data across the country, difficulties in monitoring ART patients, and lack of standardized pharmaceutical care for ART as challenges to expanding the availability of the antiretroviral therapy treatment program.

To address and alleviate those challenges, in 2005 USAID introduced the Electronic Dispensing Tool (EDT). For seven years the United States Government supported the customization of the tool to access database that capture, store, and manage dispensing information; created standard operating procedures for pharmacy ART services; developed training materials; trained users; procured desktop computers, printers, and other equipment; and developed a national database to serve as a national enquiry tool.

As Namibia takes on more ownership of the financing and management of the HIV/AIDS epidemic, in October 2012 all EDT equipment and resources were officially transferred to the MoHSS.

Speaking at the handover ceremony, the Dep-



Photo by Emma Mbekele

Deputy Permanent Secretary of the Ministry of Health and Social Services Dr. Norbert Forster and USAID Mission Director Elzadia Washington at the handover of the Electronic Dispensing Tool equipment as well as launch of the Namibia Essential Medicines List (Nemlist) 5th Edition which USAID helped to update.

uty Permanent Secretary of MoHSS, Dr. Norbert Forster, noted that "providing ART to those who needed it required an efficient pharmaceutical care system that ensures appropriate record keeping and follow-ups. Strict adherence to ART is needed for successful treatment outcomes."

EDT has improved the management of ART medicines, the management of patients on ART and the information needed to inform decision-making at patient and program levels. "This system (EDT) has enabled my Ministry to ensure maximum output with minimum resources...and is capturing dispensing data for almost 100% of the approximately 107,000 patients on ART," said Dr. Forster. The EDT is currently in use at 49 ART sites, including all public hospitals.

Reported by Emma Mbekele

HIV Prevention Efforts are Bearing Fruit

Results of the 2012 Namibia HIV Sentinel Survey

Arandis: On the occasion of World AIDS Day 2012, the Government of the Republic of Namibia (GRN) Ministry of Health and Social Services (MoHSS), launched the 2012 Namibia HIV Sentinel Survey (NHSS) Report. The NHSS, which has been conducted once every two years since 1992, is a critical element in the expanded national response to the ongoing HIV epidemic in the country. Information collected during the survey helps the MoHSS and its partners to monitor the trends in HIV prevalence over time and to understand which demographic groups in which parts of the country are most affected by HIV/AIDS. This information is crucial for planning targeted, evidence-based HIV/AIDS programs and determining the most effective allocation of human and financial resources for combatting the epidemic.

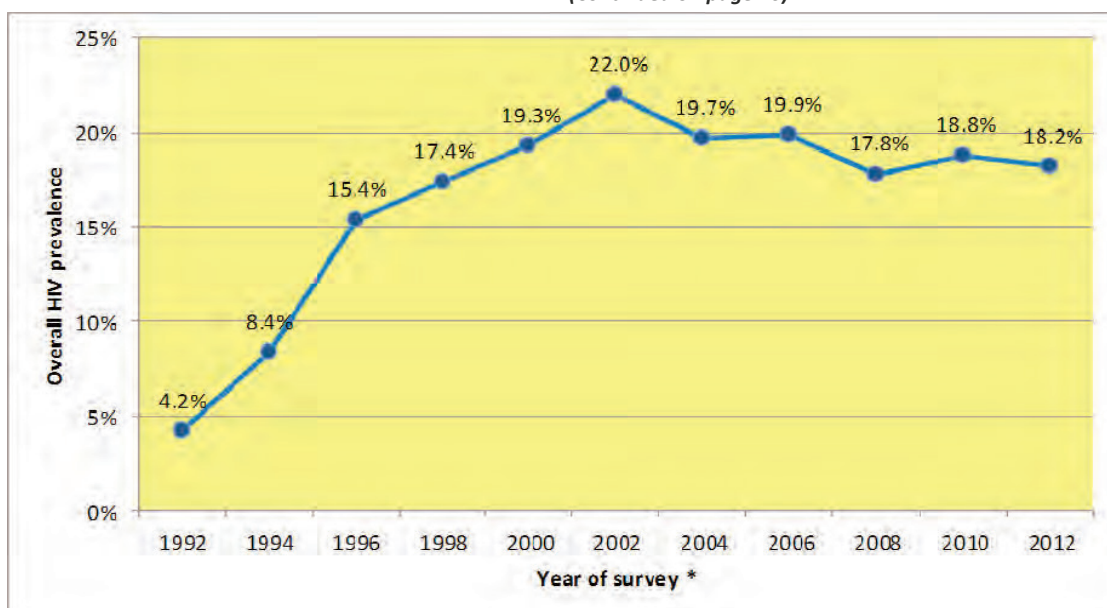
The specific objectives of the NHSS are: to estimate national, regional, and district level prevalence of HIV infection among pregnant women age 15-49 years; to identify clinical, geographic, and socio-demographic characteristics associated with HIV infection; to monitor HIV prevalence trends over time; to generate data for use in the estimation and projection through mathematical modeling of HIV seroprevalence trends and impacts of HIV/AIDS in the general population; to use data for planning purposes.



Photo by Aune Victor

Deputy Minister of Health and Social Services Hon. Petrina Haingura officially launching the 2012 Sentinel Survey and the National Strategy and Action Plan for the Elimination of New Paediatric HIV infections and Keeping Mothers Alive in Arandis

(Continued on page 16)



Erongo Governor commits to keep the promise of reducing new HIV infections to zero

Celebrating World AIDS Day 2012 in the Erongo Region

Arandis: Hundreds of men, women and children, wearing colorful shirts and carrying placards with HIV messages gathered at the Arandis Independence Stadium on 12 December 2012, to commemorate the official launch of the World AIDS Day and the National Testing Day 2012.

The Governor of the Erongo Region Hon. Governor Cleophas Mutjavikua proudly informed the gathering that his region is committed to reaching zero new HIV infections and that he would continue to advocate for people to know their HIV status through accessing testing and counseling services. He noted that there is less stigma associated with HIV and more people are openly attending testing and counseling services. Within three days of the National Testing day activities, the Erongo region achieved the target of testing 3,587 people.

Portraying some of the root causes of HIV infections in Namibia, the Namibian Defense Force Military drama group put on a great performance warning society about some negative practices fuelling HIV/AIDS, such as multiple and concurrent sexual partnerships, alcohol abuse, witchcraft and spouse inheritance.

Representing the Diplomatic Corps in Namibia, the Deputy Dean of the Diplomatic Corps, His Excellency Anastas Kaboba Kasongo Wa Kimba, commended the Government of the Republic of Namibia in general, and the Ministry of Health and Social Services specifically, for the efforts in the prevention and treatment of HIV. He however cautioned that



Top: Hon. Cleophas Mutjavikua, Governor of the Erongo Region, Ms. Michaela Marques de Sousa, UNICEF Country Representative, Hon. Petrina Haingura, Deputy Minister of Health and Social Services & His Worship, the Mayor of Arandis, Comrade Daniel Utapi Muhuura
Bottom: Groups of traditional dancers showing their skills



Photos by Aune Victor



(Continued on page 17)

Evidence-based Service Delivery Approaches to HIV Testing and Counselling

Door to Door HIV Testing and Counselling is the Way to Reach More Communities

To bring health care closer to communities and homes and offer services to individuals and families within the privacy and convenience of their own homes, Door to Door (D2D) HIV testing and counselling has been introduced in a number of countries. The program has proven to be a very successful strategic approach for helping more people to know their HIV status and to access the necessary care and treatment services. D2D testing and counselling provides an entry point at the community level for referrals and integration of other health messages, such as nutrition, alcohol abuse, family planning, tuberculosis (TB) screening, and malaria prevention.

Namibia is a vast country with many people living in far or remote areas, making it difficult for them to access testing and counseling services. The introduction of D2D testing and counseling in Namibia will come with a number of benefits, such as:

- ◆ People living in far or remote rural areas do not have to travel long distances to seek services at health facilities.
- ◆ It reduces stigma and discrimination, as it does not single out specific households, thus resulting in a high uptake and coverage.
- ◆ It provides opportunities for partners or couples to test together, enhancing disclosure amongst couples and families.
- ◆ Leads to earlier diagnoses and linkages to care and treatment, and has the potential to reach



Top: Homestead near Nzinze, Kavango Region
Left: Pilot evaluation field staff from Kavango: Loide Isolo, Pauline Sihova, John Handima, Kleopas Himarwa, Francis Chimudzi, Anselm Hamutenya (all from DAPP), and Madeleine Schlefer (from CDC-Namibia)

more men, children and marginalized groups such as disabled people.

- ◆ It builds existing relationships with local workers, who are members of the community.

D2D testing and counseling leads to earlier diagnoses and linkages to care and treatment, and has the potential to reach more men, children and marginalized groups such as disabled people.

In partnership with the Ministry of Health and Social Services (MoHSS), Namibia Institute of Pathology (NIP), and the Centers for Disease Control and Prevention (CDC), Development Aid from People to People (DAPP) piloted the D2D testing initiative in the Oshana and Okavango regions. These regions were selected for the pilot because of their high population density relative to other regions DAPP operates in, high HIV prevalence rates and long distances to fixed health facilities. Altogether 17 health facilities were involved in the pilot, including 10 in the Okavango region and 7 in the Oshana region.

The results of the study will inform future implementation of D2D HIV testing and counseling in Namibia and will be made public to all stakeholders once completed.

Reported by: Anastasia Tizora

Photos by Madeleine Schlefer

FELTP Training

(Continued from page 6)

Countries that signed up to this regulation are expected to implement various policies to ensure a safe and healthy global environment, thus calling for countries to have the necessary skilled epidemiologists and public health laboratory practitioners to effectively deal with outbreak detection, investigation and response.

The task of an effective and efficient public health emergency response cannot be handled successfully by any single Ministry. "It is a task that invokes the virtues of interdependence; a task that requires complementarity of activities; a task that requires a concerted effort and coordination. It is my conviction that only in this kind of synergy is our success guaranteed," noted Dr. Kamwi.

Expressing his desire to collaborate with the Ministry of Agriculture, he further stated that in the past 10 years, many of the dreaded pathogens that have emerged, such as H1N1, avian influenza, Rift Valley fever, Ebola, Marburg, Monkey pox and Lassa fever have animal reservoirs and therefore the Veterinary Service has a very important role to play in epidemic detection, investigation and response.

The Minister also called for cross-border collaboration in the fight against public health threats. "Outbreaks do not recognize political boundaries, neither do they require visas to move from one country to the other. In the wake of the high global movement of people and high international travel and the possibility of spread of outbreaks through these routes, an outbreak of disease anywhere in the world should be of concern to all nations. It is expedient that nations collaborate and exchange information on these issues," he observed.

Dr. Kamwi thanked CDC-Namibia for providing both financial and technical support to start NamFELTP and gave the assurance that the Government of the Republic of Namibia and the MoHSS are committed to ensuring the success and sustainability of this program. He also called on other partners of the MoHSS to see NamFELTP as yet another opportunity to support Namibia build a formidable national capacity for disease surveillance and other public health interventions.

In his remarks at the launch, Dr. David Lowrance, CDC-Namibia Country Director traced

the history of FELTP to 1980 when CDC began assisting countries to develop their own field epidemiology training programs. The program is currently in 59 countries across the world and was recently introduced in Angola, Mozambique and South Africa, while Botswana is preparing to start their own version. "FELTP is a flagship program that supports three key goals of the CDC Global Health Strategy related to health impact, health security, and health capacity," said Dr. Lowrance.

The US Global Health Initiative (GHI), which is led by the Department of State, strongly supports this program, as it works to build sustainability through health systems strengthening, one of the GHI's seven principles.

Dr. Lowrance applauded the Government of the Republic of Namibia for its innovative approach to its public health system and willingness to implement new initiatives which can benefit the health of its citizens.

"Outbreaks do not recognize political boundaries, neither do they require visas to move from one country to the other."

In a related development, at a NamFELTP stakeholders meeting on the 5th of November 2012 in Windhoek, attended by representatives of the MoHSS, University of Namibia (UNAM), Polytechnic of Namibia, the Veterinary Services, National Institute of Pathology, Namibia Qualification Authority, WHO and CDC, Dr. Kamwi called on all stakeholders to work towards ensuring the successful implementation of this program. He emphasized that Namibia as a country, needs to build a self-sustaining institutionalized capacity to train public health leaders and thus urged UNAM to institutionalize the postgraduate component NamFELTP to ensure sustainability.

Reported by Roopal Patel & Simon Nyovuura Antara

"CDC has re-emphasized the priority it places on responding effectively and efficiently to health threats-domestic or global-and reaffirmed its traditional focus on science and evidence-based public health practice. Key to this has been the strengthening of surveillance and epidemiology-historically among the organization's greatest assets." Thomas Frieden, CDC Director, Atlanta.

Testimony of a Courageous Man



Arandis: Victor is a brave man who decided to officially disclose his HIV status on the occasion of World AIDS Day 2012. Accompanied by his beautiful wife, he starts telling the Namibian nation about living positively with the virus.

"I was born in Walvisbay. My mother died some years back but I don't know my father. I am a married man but today I am here to share with you the story of my life.

I have been HIV positive for 15 years. I am not shy to say it and today I am here to tell you as Martin Luther King Jr. said, "I have a dream." So do I. I am proud of the GRN to take care of people living with HIV. I am proud to be here today, because it's been long enough to be quiet and it's time to speak out.

I have two sons and a wife. My wife and my sons are negative. My last-born son is 4 years old and the first one is 12.

Sometimes people think that if you disclose your status it's about money, but I don't believe it's true. Tell the truth and the truth will set you free. And today, I want to tell each and every-

one in Namibia- let's stop infecting innocent people. Men of Namibia it is time to get up and it is time to be honest to your partner. It took me time to disclose my status to my wife. The year when I told her she did not believe me, we went to the doctor for testing when I told her she said "if you are positive than I am also positive." She had to go with work to Norway and that time if you were positive you cannot go, she had to go for a test but we went to the pastor and the pastor asked her, "Do you believe you will go?" and she said "Yes." She was happy when her results were negative.

I lost 7 family members but we were not told it was the virus that killed them. We were only told it was TB. It is why I decided to disclose my status, and said I it is high time to stand up.

The world knows about the virus but they ignore it. It is high time. I am on treatment and I want to share that it does not mean that if I am HIV positive, I cannot have kids - no, we can make a family. I am proud of my wife and my colleagues. My wife supports me so much and she has decided that wherever I go, she too would go because she promised me that only death would separate us. I believe that the day I die, I will die a natural death. I am healthy as I am standing here."

Reported by Aune Victor



Photo by Pinehas Ijinge

(Continued from page 5)

Information Communication Technologies are the Way to Improve Health Outcomes through Training

Skype and Dropbox can be run with a computer and internet connection and offer tutorials designed for users without expertise, bringing the possibility of working remotely, yet collectively, to many more students, academics and practitioners around the world.

Reported by Deqa Ali

The Namibian Defence Force Commemorates World AIDS Day

Windhoek: The Namibian Defence Force commemorated World AIDS Day at Luiperd Vallei Military Base in Windhoek on 28 November 2012 under the theme: *"Getting to zero, zero new HIV infections, zero discrimination and zero AIDS related deaths."* Approximately 1,000 people attended the event, including members of the Namibian Defence Force, representatives from the Embassy of the United States of America, International Training and Education Centre for Health (I-TECH), Society for Family Health (SFH) and members of the media.

In her official opening remarks Hon. Lempi Lucas, Deputy Minister of Defence, noted that "HIV is capable of making a commander panic when there are no soldiers to command." She further noted that deployment away from

"Being away from home does not mean being away from HIV."

home, sexually active age groups, peer pressure and alcohol abuse were some contributing factors to HIV infection in the Namibian context, and warned that "being away from home does not mean being away from HIV."

The event was kept lively with dramas, poems and songs by military men and women, who portrayed strong HIV messages focusing on the drivers of the HIV epidemic: alcohol abuse, unprotected sex, multiple concurrent sexual partners, transactional sex and beliefs in witchcraft.

The gathering witnessed four brave members disclosing their HIV status, who each reaffirmed that HIV positivity is by no means the end of the world. Their message was loud and clear that those who are not infected—take the necessary precautions to remain negative—and those who are infected—do not spread the virus further. Lieutenant Colonel Cheryl Korver, U.S. Defense and Army Attaché to Namibia, commended those who publicly disclosed their



Photo by Siricca Vatuvu

status for their bravery and remarked that knowing one's status is the first step to prevention through accessing care and treatment programs. To date, 26 members in the Namibian military have made public their HIV status and are being provided treatment, care and support as part of the comprehensive HIV programs in the Namibian Defence Force.

Recognizing the efforts towards the HIV/AIDS program in the Namibian Defence Force was an important aspect of the day. To this effect, Lieutenant Colonel Mariane Muvangua, MOD HIV/AIDS Program Coordinator, was given a Certificate of Appreciation for her tireless and innovative efforts to support the military health service delivery by steering the HIV program with quality leadership.

The event was combined with testing and counseling services to ensure that interested members are provided with such services as part of the National Testing Day event. Two fully equipped mobile vans and mini tents were set up on the base and were welcomed by a number of soldiers who could not wait for another day to line up and learn their HIV status. Through this activity, a number of members were tested, counseled and ready for the commencement of male circumcision services at Peter Mweshihange Military Health Centre in Windhoek, a second facility providing such services in the Namibian military.

This event was a collaborative effort between the Ministry of Defence/Namibian Defence Force's Military Action and Prevention (MAPP) and U.S. Department of Defense PEPFAR funded HIV/AIDS Program in Namibia.

Reported by Siricca Vatuvu

HIV Prevention Efforts are Bearing Fruit

(Continued from page 10)

Key findings from the 2012 NHSS include:

- ◆ Overall, the HIV prevalence at the national level among survey participants was 18.2%, which provides further evidence that HIV prevalence in Namibia has remained stable since 2004, following a peak prevalence of 22.0% in 2002.
- ◆ The highest age specific HIV prevalence was observed among women age 35-39 (33.9%) and women age 30-34 years (30.8%).
- ◆ Among younger women age 15-24 years, the HIV prevalence was 8.9%. Higher prevalence in the older age group is likely a combined result of reduced AIDS related deaths following the successful expansion of the national ART program in recent years, as well as the continued occurrence of new infections among women in the older age groups.
- ◆ HIV prevalence varied by district; the highest district level prevalence was 37.7% and the lowest district level prevalence was 9.6%.
- ◆ Overall, 41.4% of all women who tested positive for HIV during the survey were already on ART, which provides compelling evidence to support the idea that the stabilization of the epidemic in Namibia is at least partially explained by the successful expansion of the ART program.

The results of this survey will be used by the MoHSS and its partners to strengthen existing prevention interventions and expand high impact, evidence-based prevention interventions that are targeted and age-specific in order to reduce new infections among women of all age groups. This would include roll-out of “treatment as prevention” including Option B+ (HAART) for all HIV-infected pregnant women and provision of HAART to sero-positive partners in sero-discordant relationships. The 2012 NHSS results will also guide the continued expansion and integration of the national, PEPFAR supported HIV counseling and testing, ART and PMTCT programs in order to increase the proportion of the Namibian population that knows

its sero-status and to promote earlier ART initiation to reduce HIV incidence. Furthermore, the results will lead the way to additional surveillance methods, including incidence studies that will allow the MoHSS to assess the rate at which new infections are occurring in different age groups in various parts of the country.

As in past rounds of the NHSS, CDC-Namibia provided technical assistance to the MoHSS with the development of the 2012 NHSS protocol, development of survey training materials, training of regional level trainers, training of district level survey implementers, data management of survey data and biological specimens from nearly 8,000 participants at the national level, supervisory support visits to over 100 implementing sites, analysis of survey data, and interpretation and presentation of the survey’s results. Financial support for the implementation of the survey was provided to the MoHSS through the Presidents Emergency Plan for AIDS Relief (PEPFAR).

Reported by Sadhna Patel & Andrew Maher



Members of the NHSS 2012 Technical Working Group attending the media briefing on the NHSS 2012 Report at the DSP Conference Room, from left to right: Andreas Kapofi (MoHSS/DSP), Andrew Maher (CDC-Namibia), Martin Oditt (UNAIDS), Michael DeKlerk (MoHSS/DSP), Sadhna Patel (CDC-Namibia), Anna Jonas (MoHSS/DSP).

Photo by Othilia Mungoba

WAD 2012 in the Erongo Region*(Continued from page 11)*

ignorance about HIV was widespread amongst the youth.

This is particularly unfortunate as youth are the driving force of the economy and many of them do not know how to protect themselves from HIV and some do not believe that they are at risk of getting AIDS.

The UN Family in Namibia, which continues to play a big role in supporting the Government of the Republic of Namibia in the fight against HIV, was represented by Ms. Michaela Marques de Sousa, UNICEF Country Representative. In her words, the world was closer than ever to realizing the promise of an AIDS-free generation.

The UN commended Namibia for being in the forefront of getting to Zero new infections and applauded the Government for launching the "National Strategy and Action Plan for the Elimination of New Pediatric HIV infections and Keeping Mothers Alive," launched on the same date. Namibia is one of the few countries funding more than 50 percent of its national HIV/AIDS response. Significant progress has been made and the country can achieve its 2015 targets. The number of new infections has decreased by at least 50 percent, access to treatment was nearly universal and pediatric treatment has not lagged behind.

Hon. Petrina Haingura, Deputy Minister of Health and Social Services, thanked development partners who made the Government of the Republic of Namibia proud to tell the world about the country's success stories to reduce zero new HIV infections. The 2012 Sentinel Survey shows a decrease in the HIV/AIDS prevalence rate amongst pregnant women from 18.8% in 2010 to 18.2% in 2012, an indication that the epidemic in Namibia remains in a more stabilized state. However, she cautioned that 18% was still high and Namibia should not be complacent.

The Deputy Minister applauded the Namibian youth for embracing prevention efforts because prevalence rates amongst the 15-24 years has declined to 8.9% in 2012, a positive indication that there are fewer new HIV infections, especially amongst the younger Namibian generation.

Another achievement was that the country has made great progress in eliminating mother to child transmission, with the rates reduced from 20% in 2009 to 5% in 2012, as well as the introduction of the new program to implement the WHO guidelines to start all HIV positive women on treatment immediately, known as Option B+.

Prevalence rates amongst the 15-24 years has declined to 8.9% in 2012, a positive indication that there are fewer new HIV infections, especially amongst the younger Namibian generation.

diately, known as Option B+.

Although Namibia has achieved much, there are some challenges. Fewer men access testing and counseling services and fewer accompany their partners for couple counseling.

Hon. Haingura was happy to announce that the government has taken over almost 100% of the costs of ART medicines, which were initially paid for by President's Emergency Plan For AIDS Relief (PEPFAR) and the Global Fund.

Yes, progress has been made. The year's theme

"Getting to Zero: Zero new HIV infections, Zero discrimination and Zero AIDS related deaths," is a reminder for all that although progress has been achieved,



Top: Hon. Petrina Haingura receiving a cheque from Mr. Brian Black, donated by the Erongo Business Community to her Ministry
Bottom: Members of the MoHSS organizing committee in front: Dr. Florence Soroses & Ms. Ismelda Pietersen

getting to zero requires a concerted efforts from individuals, communities and governments.

Exploring the Linkages between Gender Inequality, GBV and HIV, and Promoting Effective Action

(Continued from page 7)

Gender-based violence perpetuates gender inequalities and contributes to HIV, in addition to having negative effects on the psychological, physical and emotional being of women. Some negative cultural, religious and traditional customs that are being used as a way to deny women their rights should also be done away with.

While men have been identified to be part of the problem, it was recognized that their involvement in addressing gender-

"Where exactly are we going wrong, is it in the implementation of policies and programs or where?"

strengthened collaboration between civil society organizations and government. Ms Dalene van der Westhuizen, Orphans and Vulnerable Children Advisor at the U.S. Agency for International Development stressed the importance of community partnerships and the importance of parental education.

Photo by Sorita Sehgal



Above: Forum participants expressing their views

based violence was critical as agents to drive the process of women empowerment.

Johanna Likando, from the Ministry of Gender Equality and Child Welfare, expressed concern about the lack of implementation of policies and wanted to know where Namibia was going wrong as a nation. "Where exactly are we going wrong, is it in the implementation of policies and programs, or where?" She was further concerned about the fact that civil society organizations were seen to be competing for the meager resources available, instead of working together, and wants to see

A call was made for all stakeholders to be more proactive, rather than reactive, in addressing GBV, and other Government Ministries such as Education, Health, Safety and Security, and Defense to be actively involved in addressing GBV. In addition, parliamentarians should also take the lead in advocating against GBV in their parliamentary debates.

Reported by Aune Victor

The 16 Days of Activism Against Gender Violence is an international campaign, originating from the 1st Women's Global Leadership Institute, coordinated by the Center for Women's Global Leadership in 1991. November 25, International Day Against Violence Against Women and December 10, International Human Rights Day, are chosen to symbolically link violence against women and to highlight that such violence is a violation of human rights. This 16-day period also highlights other significant dates including December 1, World AIDS Day, and December 10, International Human Rights Day.

The 16 Days Campaign has been used as an organizing strategy by individuals and groups globally to call for the elimination of all forms of violence against women by:

- ♦ Raising awareness about gender-based violence as a human rights issue at the local, national, regional and international levels
- ♦ Strengthening local work around violence against women
- ♦ Establishing a clear link between local and international work to end violence against women
- ♦ Providing a forum in which organizers can develop and share new and effective strategies
- ♦ Demonstrating the solidarity of women around the world
- ♦ Creating tools to pressure governments to implement promises made to eliminate violence against women

(Office of the United Nations Commissioner for Human Rights, 2012)

Strategies for Sustaining Namibia's HIV/AIDS Re- sponse

(Continued from page 8)

the UNAIDS Namibia Country Coordinator and forum moderator, observed that, "We need to build on the strong political commitment of Namibia's government and capitalize on the emerging innovations and progress made by civil society and the private and public sectors in terms of enhancing the effectiveness and efficiency of the AIDS response on the ground. In doing so, we will be able to put in place strong partnerships, policies and programs that will allow the country to successfully manage the transition towards durable country ownership and the sustainability of Namibia's 'Universal Access' success story."

Top: Dineo Dawn Pereko Namibia Country Representative of the Strengthening Health Outcomes through the Private Sector (SHOPS) Project and Ivin Lombardt, Chief Executive Officer of the NANGOF

LEFT: Uaeta Muzuma, Ministry of Agriculture HIV/AIDS Coordinator and Henk Van Renterghem, UNAIDS Namibia Country Coordinator



Reported by Kelly Mitchell-Clark

Let's Communicate!

Namibia ge /ae e sa !huba!

Namibia ehi ndaserua ondaja!

Namibia oshilando shayambekwa!

Namibië is ń geseënde land!

Namibia is a blessed country!



WHO IS WHO AT CDC-NAMIBIA?

Meet the Team!

Behind the successful implementation of HIV/AIDS funded programs supported by the Centers for Disease Control and Prevention (CDC) in Namibia is a dedicated team of professionals with expertise in various medical, policy, management and administrative related fields. We are guided by the values of integrity, drive to succeed, desire to achieve zero new HIV and TB infections and passion to support national health systems in the Republic of Namibia.



David Lowrance (MD, MPH)

Country Director

Dr. Lowrance joined CDC-Namibia in August 2011 with a wealth of experience in international public health. He has worked extensively in Africa and Asia. Dave has provided technical assistance to Ministries of Health in Malawi, Rwanda, and Kenya on monitoring and evaluation of national HIV care and treatment programs. He also served on the PEPFAR HIV Care and Support TWG and performed evaluations of national care and support programs in Mozambique and Malawi. He worked closely with the national HIV/AIDS, TB, and Epidemic Infectious Disease programs in Rwanda and supported the development and implementation of numerous scientific protocols in a wide range of epidemiologic, operational, and clinical research projects, and mentored numerous Rwandan counterparts.



Zara Ahmed (MPP, MPH)

Health Policy and Communications Team Lead

Zara joined CDC-Namibia in June 2012. Prior to joining CDC-Namibia Zara served as the Health Systems Strengthening Advisor for CDC-Rwanda for over two and a half years. Previously she conducted field research on a variety of issues, including sex workers' rights in Cambodia, health financing in rural Cameroon, and donor coordination of malaria programs in Senegal.

Aune Victor, (B.Ed, M.Ed, PhD)
Health Policy and Communications Advisor

Aune joined CDC-Namibia in December 2012, with close to 20 years of experience in policy, planning and management. Before joining CDC, she worked for the US Department of Defense (DoD) from 2006 to 2012 as the DoD PEPFAR HIV/AIDS Program Manager. Most of her career (1993-2005) was spent with the United Nations Educational, Scientific and Cultural Organization (UNESCO) in Paris and Windhoek.



Virginia (Ginny) Baresch (RN, MPH)

Deputy Director for Management & Operations

Ginny joined CDC Namibia in October 2012, with over 30 years of public health experience. Before joining CDC-Namibia, she was the CDC Deputy Director for Management and Operations in Kigali, Rwanda between 2010 and 2012. Previously she worked as a Public Health Advisor with CDC-HQ for four years, and provided state and local emergency management agencies with expert technical assistance, advice, education and training.



Sadhna Patel (MPH)

Strategic Information Team Lead

Sadhna has been with CDC-Namibia since 2009. She has worked in global HIV strategic information at CDC for over 10 years, first housed within the domestic HIV/AIDS program in CDC-Atlanta and then joining the inaugural CDC Global AIDS Program (GAP) surveillance team when it was formed in 2002. At GAP-Atlanta, she provided technical assistance to 18 countries in Africa, Asia, Central America and Central Europe in the areas of capacity building in HIV M&E and surveillance, survey protocol development and implementation, data analysis, use and dissemination.



Tamsin Bowra (MSc, MA)
Strategic Information Advisor

Tamsin came to CDC-Namibia in June 2011. Before joining CDC, she worked as a Strategic Information/M&E consultant for UNICEF Namibia (2007-2011), and as an education consultant/ICT consultant for various projects including iNET, GESCI, BES III, NETA, NTA. She has served as a linguistics and language lecturer at Sultan Qaboos University, Sultanate of Oman, UNAM and the Polytechnic of Namibia.

Negussie Taffa (MD, MPH, PhD)
Monitoring and Evaluation Advisor

Negussie came to CDC-Namibia in August 2012, with over 20 years' work experience in public health services, research and training in Eastern and Southern Africa, most recently in a similar position for CDC-Botswana between 2004 and 2011. He began his career in Ethiopia as a general medical practitioner in 1990.



Neil Jacobs (BSc, M. Med, MBL)
Health Management Information Systems (HMIS) Technical Advisor

Neil joined CDC-Namibia in May 2012. He has worked extensively in the field of health informatics – both in the public and private sectors – in Southern and East African countries for the last 30 years. Before joining CDC-Namibia, Neil was the HMIS Team Lead and Acting Team Lead for HSS for CDC in South Africa from 2007 onwards.

Andrew Maher (MPH)
Association of Schools of Public Health (ASPH) Strategic Information Fellow

Andrew joined CDC-Namibia through the ASPH Allan Rosenfield Global Public Health Fellowship Program in September 2011. His work with CDC-Namibia focuses on providing support to CDC-Namibia and its partners in the areas of HIV surveillance, operational research, and program monitoring and evaluation.



Roopal Patel (MD, DTMH)
Maternal and Child Health Team Lead

Roopal joined CDC Namibia in August 2011. Prior to Namibia, Roopal worked with the Malaria Branch as the CDC Malaria Advisor for the President's Malaria Initiative based in Rwanda.

Before joining CDC in 2005, she was the Chairman of the Paediatrics Department of the Commonwealth Health Center in the Northern Marianas Islands and served as the medical advisor for *Medecins du Monde* developing an HIV/AIDS prevention and treatment program for high-risk populations in Burma.

Simon Antara (MBChB, MPH, MSc.)
Resident Advisor for the Namibia Field Epidemiology and Laboratory Training Program (FELTP)

Simon came to CDC-Namibia in March 2012. He was the Epidemiology Resident Advisor for the Rwanda FELTP from 2009 to 2012 where he contributed tremendously to the successful implementation of the program. Simon has vast experience in field epidemiology, disease control, teaching, mentoring, program management, healthcare financing and general medicine.



Andrew Agabu (MBBS, MSc)
Medical Advisor - Prevention of Mother-to-Child Transmission of HIV (PMTCT)

Andrew came to CDC-Namibia in September 2011. He worked as an HIV/AIDS Specialist for five years at UNICEF providing technical assistance in PMTCT to countries in Eastern and Southern Africa. He also worked as a senior medical officer in the department of Obstetrics and Gynaecology in a teaching and referral hospital, and as a district health officer responsible for clinical services and management of district health services in Malawi.

Naemi Ndambelela Shoopala (RN, RM, RT, BNSc (Adv. Prac.), MPH)
HIV/AIDS Program Field Coordinator

Based at the CDC-Namibia Oshakati Field Office, Naemi joined CDC-Namibia in October 2006. She provides support to HIV programs in the six northern regions. She has over 12 years nursing and public health experience. She worked for the Ministry of Health from 2003-2005 as a focal point for HIV/AIDS/STI/TB and Malaria - Special Disease Program for Oshakati district.



Meet the Team!

(From page 21)

Johanna Angaleni Haimene (RN/ Midwife, BNSc, MBA)
Assistant HIV Field Program Co-ordinator

Johanna has been with CDC-Namibia since August 2006. Before that she worked for I-TECH as a pre-service tutor (2004-2006), chief registered nurse in charge of OPD at Onandjokwe hospital (2001-2004), district TB/AIDS coordinator of Onandjokwe health district (1995-2001) and employed by the Ministry of Health and Social Services (1993-1994).



Toubed Gabriel Mbware (RN, RM)
Field officer

Toubed has been seconded to CDC Office in Oshakati as a Field officer. He supports the Ministry of Health and Social Services with program roll-out and service delivery, support clinics with PEPFAR and Ministry of Health reporting requirements and mentoring of nurses in the ART Clinics in the six northern regions of Namibia. Prior to his current position, Mr. Mbware worked as an ART nurse for HIV program in Oshakati state hospital from 2006-2010.

Eliaser Tuutaleni Shoombe
Chauffeur/Administrative Assistant
Tuutaleni is a Chauffeur/Administrative Assistant at the CDC Office in Oshakati. Prior to his position at CDC in July 2006, Mr. Shoombe worked at the United States Defense System-Namibia under American Embassy in Windhoek from 2004-2006.



Martin Ashikoto
Chauffeur

Martin joined CDC-Namibia in March 2012. Martin's first job was an enumerator with NPC census office in 2001, Erongo region. In that same year he was called to join the Namibia Defence Force.

Souleymane Sawadogo (BSc, D.U. Virology)
Senior Laboratory Services Technical Advisor

Souleymane has been with CDC-Namibia since June 2005. He has more than 17 years' work experience from basic research to diagnostics and laboratory systems. Prior to joining CDC-Namibia, Souleymane was a research fellow with the GAP Lab branch in CDC-Atlanta where he supported lab capacity building in PEPFAR countries.



Anita Beukes (PGC PH, BTech Biomedical Technology)
Laboratory Technical Advisor for TB

Anita joined CDC-Namibia in June 2010. Anita worked as Chief Medical Technologist in Quality Assurance for the Namibia Institute of Pathology from 2005 to 2010. She was responsible for developing, training and overseeing the implementation of quality management systems in all NIP laboratories as well as in non-laboratory HIV Rapid Testing sites.

Edington Dzinotyiweyi, (BSC Hons, MA)
HIV Testing and Counselling Technical Advisor

Edington has been with CDC-Namibia since 2007, serving as the primary technical expert and point of contact for CDC-Namibia on all HIV counselling and testing (CT) activities. He supported the Ministry of Health and Social Services in developing CT related guidelines, protocol documents, training materials for counsellors as well as capacity building of the national CT team.



Madeleine Schlefer (MPH)
HIV Prevention Fellow

Madeleine came to CDC-Namibia in September 2012. While completing her graduate coursework, she conducted research with a community-based migrant health organization on the Thailand-Burma border with the John Hopkins Center for Refugee and Disaster Relief and worked as a research assistant at the Center for Public Health and Human Rights.



Gram Mutandi (MBChB, Dip. HIV Management)
HIV Care and Treatment Team Lead

Gram has been with CDC-Namibia since February 2007. Before joining CDC he served as the Senior Medical Officer in charge of the HIV care clinic at Oshakati Hospital from June 2004 to January 2007. Between 2002 and 2004, he worked as a Family Health Practitioner in Bulawayo, Zimbabwe.

Christopher Barry (MPH)
TB-HIV Care & Treatment Fellow

Christopher has been with CDC-Namibia since September 2012. After graduating from Penn State, Christopher moved to Boston for two years to work in clinical endocrinology research at the Harvard Medical School/Massachusetts General Hospital. He received an MPH in Epidemiology and Global Health from Columbia University in New York.



Laura Shelby (MScPH)
Grant Management Advisor

Laura came to CDC-Namibia in July 2011 with 23 years of experience as a Public Health Advisor with CDC in improving health outcomes for vulnerable populations both domestically and internationally. Her international work included providing administrative and backstopping support for CDC offices in Mozambique, Dominican Republic, Haiti, and Ghana. She managed the Sierra Leone PEPFAR portfolio with oversight of projects to strengthen HIV laboratory and surveillance capacity including establishing a national laboratory and surveillance strategic plans.

Zebaldine K Kandjou Pakarae
Program Management & Budget Specialist (BTech/HND Business & Finance)

Zeb joined CDC-Namibia in May 2003. She has over 18 years of experience in financial management, accounting and Investments.



Maria Ndevawana Witbooi (BTech, CMA)
Financial Assistant

Maria joined CDC-Namibia in January 2011. Prior to joining CDC, Maria worked as Financial Assistant from April 2008 to December 2010 for the Icelandic International Agency (ICEIDA) where she dealt with the financial management of project funds. She also served as an Assistant Accountant for Creditors at Edu-Loan Namibia from July 2005 to March 2008.



Naveshitje Muahuna (Mona) Haindongo (BACC)
Administrative Assistant

Mona joined CDC-Namibia in September 2012. Prior to joining CDC-Namibia, Mona worked as a Conveyance Secretary at the Law Firm, Engling Stritter & Partners (1999-2012) where she dealt mainly with drafting Mortgage Bond documents, Deed of Transfers, Wills and Testaments and other legal documents. She also dealt with debt collecting.

Michael Fikameni Hamatwi (BTech IT)
Information Technology Chief

Michael joined CDC-Namibia in November 2010. He has over six years of systems administration and leadership experience. Prior to joining CDC, between 2007 and 2010, he worked as a computer technician and was promoted to chief computer technician.



Winston Strauss (Certificate in IT, MCITP: Microsoft Windows Server 2008)
Systems Administrator

Winston joined CDC-Namibia in November 2012. Before moving to CDC, Winston was employed as a Systems Administrator at a Namibian Medical Aid Fund Administration company from 2009 to 2012.



Armas Ndjodhi
Administrative Assistant

Armas has been with CDC-Namibia since 2002. Prior to joining CDC-Namibia he worked as a chauffeur/admin assistant at Shell Exploration and Production Namibia.



Abner Iifo
Chauffeur

Abner joined CDC-Namibia in June 2012, with more than 10 years' professional experience as a VIP Chauffeur. He worked for the Ghana High Commission (2001-2008) and the Democratic People's Republic of Algeria Embassy in Windhoek (2008-2012).

Rudiger Slinger
Chauffeur

Rudiger joined CDC-Namibia in December 2011. He has worked as a chauffeur for 12 years, four years of which as a Cash in Transit driver, conveying money all over Namibia.



Upcoming Events

- ♦ Mid-Term review of the 2nd National Strategic Plan for Tuberculosis and Leprosy 2010-2015 (TBL MTP-II)
25 February — 8 March 2013
- ♦ National Health Information Systems Strategy Workshop
28 February — 1 March 2013, Swakopmund
- ♦ World TB DAY celebration activities including road show, Katima Mulilo to Walvisbay
15 March — 26 March 2013
Main event: 26 March 2013, Walvis Bay
- ♦ Independence Day
21 March 2013
- ♦ World TB Day
24 March 2013
- ♦ Testing and Counseling Strategic Plan Workshop
22 April — 26 April 2013, Swakopmund
- ♦ World Malaria Day
25 April 2013

